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Bib Data Sheet

CONFIRMATION NO. 5306

<b>SERIAL NUMBER</b> 09/834,110	<b>FILING OR 371(c) DATE</b> 04/12/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 265.0009 0101
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/196,806 04/13/2000  
and claims benefit of 60/232,301 09/12/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
06/06/2001

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

26813

## TITLE

TREATMENT OF DISORDERS BY IMPLANTING STEM CELLS AND/OR PROGENY THEREOF INTO GASTROINTESTINAL ORGANS

<b>FILING FEE RECEIVED</b> 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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